

After considering Austin's possible mobility scenarios explored in the **Austin Strategic Mobility Plan Scenario Guide**, please take a moment to provide your feedback below.

How would you rate each possible scenario in terms of ability to meet our community's needs and priorities? <i>Please fill stars – 5 = best, 1 = worst.</i>	Scenario A	Scenario B	Scenario C
	☆☆☆ ☆☆	☆☆☆ ☆☆	☆☆☆ ☆☆
Place a check mark in the box of the scenario you think should be the starting point for the mobility strategy for Austin.			

What do you like about the scenario you chose as the starting point?	
How would you tailor the scenario you chose to suit your needs?	

Use the back if you need additional space

OPTIONAL QUESTIONS

In which Austin Council District do you live?	<input type="checkbox"/> District 1 (Houston) <input type="checkbox"/> District 4 (Casar) <input type="checkbox"/> District 7 (Pool) <input type="checkbox"/> District 10 (Alter)
	<input type="checkbox"/> District 2 (Garza) <input type="checkbox"/> District 5 (Kitchen) <input type="checkbox"/> District 8 (Troxclair) <input type="checkbox"/> I don't know.
	<input type="checkbox"/> District 3 (Renteria) <input type="checkbox"/> District 6 (Flannigan) <input type="checkbox"/> District 9 (Tovo) <input type="checkbox"/> I don't live in Austin.
Which best describes your race and ethnicity?	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino/Spanish Ancestry <input type="checkbox"/> White
	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other
	<input type="checkbox"/> Black/African American <input type="checkbox"/> Prefer not to answer
What is your age?	<input type="checkbox"/> Under 18 years <input type="checkbox"/> 18 - 24 years <input type="checkbox"/> 25 - 34 years <input type="checkbox"/> 35 - 44 years <input type="checkbox"/> 45 - 54 years
	<input type="checkbox"/> 55 - 64 years <input type="checkbox"/> 65+ years <input type="checkbox"/> Prefer not to answer
What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
What ZIP code do you live in?	<input type="text"/>

Please provide your email address if you'd like to receive updates about the ASMP



Use the area below for additional space

What do you like about the scenario you chose as the starting point?

How would you tailor the scenario you chose to suit your needs?

Please return your paper survey by mail to:
ATTN: Marissa Monroy | City of Austin | P.O Box 1088 | Austin, TX 78767-1088

If you need assistance taking this survey, please contact Dan Brooks at (512) 974-6423 or daniel.brooks@austintexas.gov.